

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | mmmmmm | | 10-16-01 |
| O.I.P.E. CLASSIFIER | | | 10-25-01 |
| FORMALITY REVIEW | CH | 1119 | 11-12-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ Rejected N Non-elected
 - Allowed I Interference
 (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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